IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

not located 2:00

DATE 8-19-93 TAX MAP NO. 4N-1

PROPERTY DESCRIPTION NO. Town of Troutman PHONE: Business Home 871-1797

OWNER OR CONTRACTOR Randy & Cheryl Sells

ADDRESS Rt. 6, Box 175 Statesville, N.C. 28677

LOCATION From Troutman take Hwy 21S TR Pine State Rd. 2nd last Lot on R.

SUBDIVISION NA BLOCK / SECTION LOT NA LOT AREA 100' x 300' SITE CLASS. P.S. L.T.A.R. .35 gpd/ft2

Water Supply: ☑ Individual ☐ Community ☐ Public Well To be Located

Septic Tank: 1000 Gallons: STB 358 Date 10-26-93

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 5 Trench Width 36" Trench Depth 18"-30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: conventional, gravity

Repair System Description: "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 1.5 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☑ No

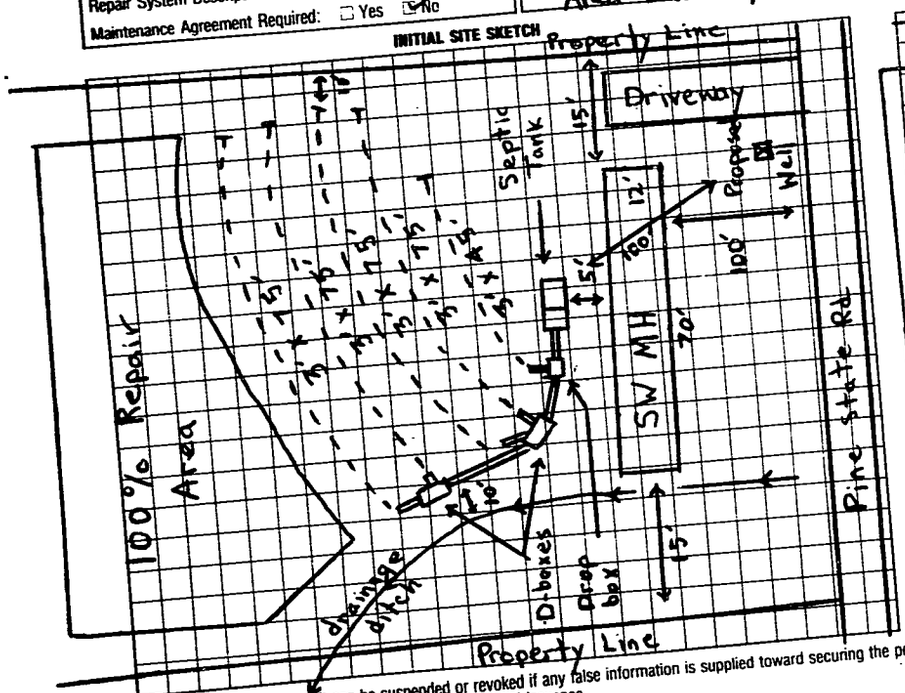
Auto. Washing Machine: ☑ Yes ☐ No

Other

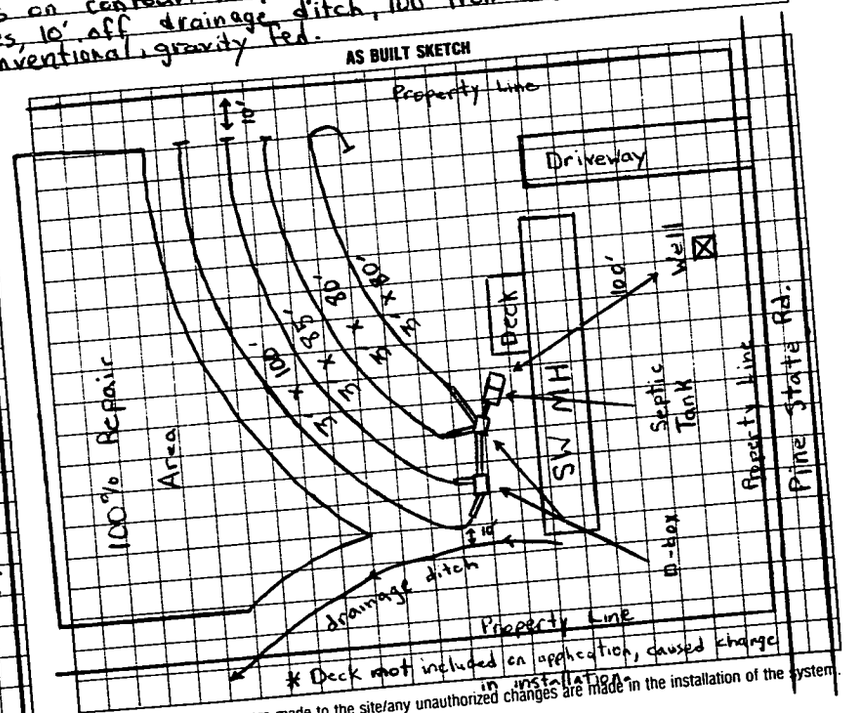
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification Lines on contour. Keep system 5' from foundation of home, 10' off all property lines, 10' off drainage ditch, 100' from well, 100% Repair Area below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH



* Deck not included on application, caused change in installation

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Cheryl H. Sells

Improvement Permit by: Michael L. Dennis date 8-19-93

Existing System Inspection by: date

Installed by: A-1 Backhoe

Certificate of Completion by: Michael L. Dennis date 12-2-93

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD